

State of Illinois Employees Benefits Handbook Amendment

(Amendment VI)

This document is an amendment to the State of Illinois Employees Benefits Handbook released in October 2011 and revised in July 2013. An amendment adds, modifies, deletes or otherwise changes a benefit listed in the Benefits Handbook. As changes occur, the online handbook will be modified to reflect the changes. Those updates and changes will be included in this amendment document as they occur. If you have a printed copy of the online handbook, you should refer to this amendment to ensure you have the most up-to-date information.

STATE OF ILLINOIS EMPLOYEE AMENDMENT – Effective July 1, 2014 (posted 05/27/2015)

**The following amend the Benefits Handbook,
effective July 1, 2014:**

1. Open Access Plan (OAP) Tier III participants who use out-of-network providers will be responsible for any amount that is over and above the charges allowed by the plan. Tier III does not have an out-of-pocket maximum. (Page 34 – OAP)
2. The in-network benefit for Quality Care Health Plan (QCHP) members is 85 percent. (Page 39 – Medical Benefits Summary)
3. Members enrolled in QCHP or one of the OAPs who are prescribed brand medication which requires step therapy and who have not received prior authorization approval will receive a rejection at a retail or mail order pharmacy as the plan requires a generic drug in that class to be tried first. (Page 49 – Prescription Drug Step Therapy)
4. If a compound drug contains an ingredient not covered by the QCHP and OAP plans, the entire compound drug will be denied. (Page 50 – Compound Drugs)
5. Residential treatment services are provided under the Quality Care Health Plan effective July 1, 2014. Residential treatment services must be authorized prior to admission to receive in-network or out-of-network benefits. Authorization is required with each new residential admission. Failure to notify the behavioral health plan administrator of an admission to a residential facility will result in a financial penalty and risk incurring noncovered charges. (Page 53 – Residential Services)
6. Vision benefits for spectacle and contact lenses are available every 12 months from the last date of service. (Page 57 – Vision Frequency of Benefits)
7. The new MCAP Rollover allows participants to rollover up to \$500 to be used towards the next plan year's MCAP expenses. (Page 63 – MCAP Rollover Option)
8. The claim filing dates of in-network and out-of-network services have been clarified. (Page 77 – Claim Filing)